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TRANSMITTAL FORM Filing Date December 14, 2001 First Named Inventor DEV, et al. Art Unit Information Peges in This Submission Fee Transmittal Form Fee Attached Licensing-related Papers Licensing	46	er the Paperwork Reduction Act of 1995	no person	U.S a are required to respond to a	Patent and Tr	rademark Office; U.S. DEPARTMENT OF COMMERCE ormation unless it displays a valid OMB control number.	
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Total Number of Pages in This Submission ENCLOSURES (Check all that apply) Fee Transmittal Form	/to be	e used for all correspondence after initial	filina)	Examiner Name	LAM	I, Ann Y.	
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Amendment/Reply After Final After Final Aftidavits/declaration(s) Extension of Time Request Express Abandonment Request Express Abandonment Request Condition of CD(s) Information Disclosure Statement Control of Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Transmittal (1 page) Form SB08 (1 page) Request or Refund Control of CD(s) Landscape Table on CD Remarks SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name BioTechnology Law Group Signature Printed name Daniel M. Chambers Date CERTIFICATE OF TRANSMISSION/MAILING Thereby certify that this correspondence is being facsimile/fransmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature	[Fee Attached		Licensing-related Papers			
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Information Disclosure Statement CD, Number of CD(s) References (3 Items) Return postcard (1 Item) Reply to Missing Parts Incomplete Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name BioTechnology Law Group Signature Printed name Daniel M. Chambers Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first cipss mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature		Express Abandonment Request	╵Ш	Request for Refund			
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Document(s) Reply to Missing Parts/ incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name BioTechnology Law Group Signature Printed name Daniel M. Chambers Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			[Landscape Table on	CD		
Reply to Missing Parts Incomplete Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name BioTechnology Law Group Signature Printed name Daniel M. Chambers Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature			Rema	rks	·	4	
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	Typed o	or printed name Daniel M. Cha	ambers	The same of the sa	•	Date September 26 2004	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

DEV, et al.

Examiner:

LAM, Ann Y.

Serial No.:

10/020,531

Group Art Unit:

1641

Filed:

December 14, 2001

Docket:

GTI-1180-CT

Title:

Electroporation-Mediated Intravascular Delivery

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Box: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir/Madam,

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 et. seq., the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form SBO8 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the SBO8 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(c)(2), Applicants have included the fee of \$180.00 as set forth in 37 C.F.R. §1.17(p). If any additional fees are due or overpayment, please contact the undersigned attorney at (858) 793-0608.

CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8:

The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class-Mail in an envelope addressed to: Mail Stop: Amendment, Commissioner of Patents, P.O. Box

1450, Alexandria, VA 22313-1450

Daniel M. Chambers

Name

Dat

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

Daniel M. Chambers

Reg. No. 34,561

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Date Mby Soll (
BioTechnology Law Group

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Complete if Known Substitute for form 1449A/PTO INFORMATION DISCLOSURES
STATEMENT BY APPLICANT (Use as many sheets as necessary) 10/020,531 **Application Number** December 14, 2001 **Filing Date** OCT 0 3 2006 & DEV, Sukhendu **First Named Inventor Group Art Unit** 1641 LAM, Ann Y. **Examiner Name** GTI-1180-CT Attorney Docket No: Sheet 1 of 1

				DOCUMENTS	Day October 1 Inc. When Beloven
Examiner Initials *	Cite No.¹	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines,Where Relevant Passages or Relevant Figures Appear
	A1.	5,304,120	19 Apr 1994	CRANDELL, et al.	
	A2.	4,021,340	03 May 1977	ZIMMERMAN, et al.	
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		FORE	IGN PATENT	DOCUMENTS		
Examiner Initials*	Cite No.1	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines, Where Relevant Passages or Relevant Figures Appear	T²
	A3.	WO A 9518649	03 Jan 1995	Cortrak Medical, Inc.		
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	OTHER DOCUMENTS NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, . city and/or country where published.	T		
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EXAMINER

DATE CONSIDERED